

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

35116

**1. PLACE OF DEATH**

County..... Registration District No. **701**  
Township..... Primary Registration District No. **25 + 2**  
City **St. Louis Mo. City Hospital 2**

File No.....  
Registered No. **9330**  
St..... Ward)

**2. FULL NAME**

(a) Residence, No. **H 315 W. 11th St., 11** Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred **38** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX **Female** | 4. COLOR OR RACE **Col** | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF **Walter Ribbs**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **11-9-1884**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<b>48</b>	<b>11</b>	<b>9</b>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Housework**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

13. NAME **Charlie Morrison**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

15. MAIDEN NAME **Mary Brown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

17. INFORMANT **A Gertrude Creath**  
(ADDRESS) **City Hospital**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Washington Park** DATE **11-1-1933**

19. UNDERTAKER **Manuel Undertaking Co**  
(ADDRESS) **405 E. Thompson St.**

20. FILED **OCT 30 1933** **J. Brecheck**  
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-27-1933**

22. I HEREBY CERTIFY, That I attended deceased from **9-28-33** to **10-27-33**  
I last saw **her** alive on **10-27-33** Death is said to have occurred on the date stated above, at **5:05** p.m.  
The principal cause of death and related causes of importance were as follows:  
**57**  
**Diabetic Mellitus**

Other contributory causes of importance:  
**57**

Name of operation..... Date of.....  
What test confirmed diagnosis **Chem. Lab.** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify **R. G. Robinson**  
(Signed) **R. G. Robinson**, M. D.  
(Address) **City Hospital # 2**

N. B.—Every item of information should be carefully supplied. It should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

OCT 10 1933

